

United States Bankruptcy Court Northern District of Illinois						Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): Savarino, Biagio Joseph				Name of Joint Debtor (Spouse) (Last, First, Middle): Savarino, Adriana			
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): aka Bill Savarino				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): None			
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 0737				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 1131			
Street Address of Debtor (No. and Street, City, and State) 13634 Deerpath Dr Orland Park, IL ZIPCODE 60462				Street Address of Joint Debtor (No. and Street, City, and State) 13634 Deerpath Dr Orland Park, IL ZIPCODE 60462			
County of Residence or of the Principal Place of Business: Cook				County of Residence or of the Principal Place of Business: Cook			
Mailing Address of Debtor (if different from street address): ZIPCODE				Mailing Address of Joint Debtor (if different from street address): ZIPCODE			
Location of Principal Assets of Business Debtor (if different from street address above): ZIPCODE							
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input checked="" type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other N.A.		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding			
Chapter 15 Debtors Country of debtor's center of main interests: _____ Each country in which a foreign proceeding by, regarding, or against debtor is pending: _____		Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code)		Nature of Debts (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. §101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.			
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D) <input type="checkbox"/> Debtor is not a small business as defined in 11 U.S.C. § 101(51D) Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). ----- Check all applicable boxes <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).			
Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.						THIS SPACE IS FOR COURT USE ONLY	
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input checked="" type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000- 5,000 <input type="checkbox"/> 5,001- 10,000 <input type="checkbox"/> 10,001- 25,000 <input type="checkbox"/> 25,001- 50,000 <input type="checkbox"/> 50,001- 100,000 <input type="checkbox"/> Over 100,000							
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion							
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion							

Voluntary Petition

(This page must be completed and filed in every case)

Document Page 2 of 89

Name of Debtor(s):

Biagio Joseph Savarino & Adriana Savarino

All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)Location
Where Filed: NONE

Case Number:

Date Filed:

Location
Where Filed: N.A.

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor: NONE

Case Number:

Date Filed:

District:

Relationship:

Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b).

X /s/ Thomas L. Murphy 12/23/2014
Signature of Attorney for Debtor(s) Date

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No.**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☒ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**
(Check any applicable box)☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.**Certification by a Debtor Who Resides as a Tenant of Residential Property**
(Check all applicable boxes)☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)_____
(Name of landlord that obtained judgment)_____
(Address of landlord)☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

Voluntary Petition*(This page must be completed and filed in every case)*

Name of Debtor(s):

Biagio Joseph Savarino & Adriana Savarino

Signatures**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Biagio Joseph Savarino

Signature of Debtor

X /s/ Adriana Savarino

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

12/23/2014

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 of title 11 are attached.



Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

(Date)

Signature of Attorney***X** /s/ Thomas L. Murphy

Signature of Attorney for Debtor(s)

THOMAS L. MURPHY 1998277

Printed Name of Attorney for Debtor(s)

Petti, Murphy, & Associates

Firm Name

1100 Ravinia Pl

Address

Orland Park, IL 60462**708-403-5500 lwilma@pettimurphyllaw.com**

Telephone Number

e-mail

12/23/2014

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, (2) I prepared this document for compensation, and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. § 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X _____

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

B1 D (Official Form 1, Exhibit D) (12/09)

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois

In re Biagio Joseph Savarino & Adriana
Savarino Debtor(s)

Case No. _____
(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Biagio Joseph Savarino
BIAGIO JOSEPH SAVARINO

12/23/2014

Date: _____

B1 D (Official Form 1, Exhibit D) (12/09)

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois

In re Biagio Joseph Savarino & Adriana
Savarino Debtor(s)

Case No. _____
(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Joint Debtor: /s/ Adriana Savarino
ADRIANA SAVARINO

Date: 12/23/2014

In re Biagio Joseph Savarino & Adriana Savarino Case No. _____
Debtor (If known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				
Total			0.00	

(Report also on Summary of Schedules.)

In re Biagio Joseph Savarino & Adriana Savarino Case No. _____
 Debtor (If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See. 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	H U S B A N D, W I F E, J O I N T O R C O M M U N I T Y	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking Acct #8714 Harris Bank 8150 W 143rd St, Orland Park, IL 60462	W	400.00
		UTMA account in the name of minor daughter (value \$14,480.00) Morgan Stanley 227 W Monroe Chicago, IL 60606	W	0.00
		Basic Joint Securities Acct #6188 Morgan Stanley 227 W Monroe Chicago, IL 60606	J	667.00
		Basic Securities Acct #0188 Morgan Stanley 227 W Monroe Chicago, IL 60606	W	1,194.00
		UTMA account in the name of minor daughter (value \$26,711.00) Morgan Stanley 227 W Monroe Chicago, IL 60606	W	0.00

In re Biagio Joseph Savarino & Adriana Savarino Case No. _____
 Debtor (If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
3. Security deposits with public utilities, telephone companies, landlords, and others.	X	UTMA account in the name of minor daughter (value \$1,578.14)) Bank of America 15862 S. Lagrange Road Orland Park, IL 60462	W	0.00
4. Household goods and furnishings, including audio, video, and computer equipment.		Contents of storage unit (misc household goods) Life Storage 8531 W. 191st St. Mokena, IL 60448	J	1,000.00
		Misc household goods and furnishings (living with parents) Debtors' residence	J	1,000.00
5. Books. Pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Misc clothing adult male Debtors' residence	H	400.00
		Misc clothing adult female Debtors' residence	W	400.00
7. Furs and jewelry.		Wedding bands and ring Debtors' residence	J	200.00
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Term Life Ins with \$500,000 death benefit	H	0.00

In re Biagio Joseph Savarino & Adriana Savarino Case No. _____
 Debtor (If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
10. Annuities. Itemize and name each issuer. 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X	Liberty Mutual 100 Liberty Way Dover, NH 03820 Whole Life Ins with \$500,000 death benefit Liberty Mutual 100 Liberty Way Dover, NH 03820 Term Life Ins with \$250,000 death benefit Liberty Mutual 100 Liberty Way Dover, NH 03820	H	0.00
		529 Plan Bright Directions PO Box 82623 Lincoln, NE 68501	W	3,387.97
		529 Plan Bright Directions PO Box 82623 Lincoln, NE 68501	W	1,678.29
		529 Plan Morgan Stanley 227 W Monroe Chicago, IL 60606	W	6,638.00
		529 Plan Morgan Stanley 227 W Monroe Chicago, IL 60606	W	6,619.00

In re Biagio Joseph Savarino & Adriana Savarino Case No. _____
 Debtor (If known)

SCHEDULE B - PERSONAL PROPERTY
 (Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		IRA Morgan Stanley 227 W Monroe Chicago, IL 60606	H	9,377.00
		IRA Morgan Stanley 227 W Monroe Chicago, IL 60606	H	4,250.00
		IRA Morgan Stanley 227 W Monroe Chicago, IL 60606	W	4,231.00
		IRA Vanguard PO Box 105431 Atlanta, GA 30348	W	12,310.09
13. Stock and interests in incorporated and unincorporated businesses. Itemize.		Stocks Charles Schwab P.O. Box 628291 Orlando, FL 32862	H	1,900.00
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlement to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owing debtor including tax refunds. Give particulars.		2013 Tax refund (will be seized by IRS) IRS	J	1,535.00

In re Biagio Joseph Savarino & Adriana Savarino Case No. _____
 Debtor (If known)

SCHEDULE B - PERSONAL PROPERTY
 (Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
		2013 Tax refund (will be seized by IN Dept Rev) Indiana Dept of Revenue	J	227.00
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate or a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights of setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. §101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2007 Chevy Tahoe 145,500 miles Debtors' residence	J	8,700.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
_____ continuation sheets attached Total				\$

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

Case No. _____
(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
35. Other personal property of any kind not already listed. Itemize.	X	0		66,114.35

In re Biagio Joseph Savarino & Adriana Savarino

Case No. _____

Debtor

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☐ 11 U.S.C. § 522(b)(2)☐ Check if debtor claims a homestead exemption that exceeds
\$155,675*.☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Checking Acct #8714	(Wife)735 I.L.C.S 5§12-1001(b)	400.00	400.00
Misc clothing adult male	(Husb)735 I.L.C.S 5§12-1001(a)	400.00	400.00
IRA	(Husb)735 I.L.C.S 5§12-1006	9,377.00	9,377.00
IRA	(Husb)735 I.L.C.S 5§12-1006	4,250.00	4,250.00
IRA	(Wife)735 I.L.C.S 5§12-1006	4,231.00	4,231.00
IRA	(Wife)735 I.L.C.S 5§12-1006	12,310.09	12,310.09
Stocks	(Husb)735 I.L.C.S 5§12-1001(b)	1,900.00	1,900.00
Term Life Ins with \$500,000 death benefit	(Husb)735 I.L.C.S 5§12-1001(f)	0.00	0.00
Whole Life Ins with \$500,000 death benefit	(Husb)735 I.L.C.S 5§12-1001(f)	0.00	0.00
Term Life Ins with \$250,000 death benefit	(Wife)735 I.L.C.S 5§12-1001(f)	0.00	0.00
2007 Chevy Tahoe 145,500 miles	(Husb)735 I.L.C.S 5§12-1001(b) (Husb)735 I.L.C.S 5§12-1001(c) (Wife)735 I.L.C.S 5§12-1001(b) (Wife)735 I.L.C.S 5§12-1001(c)	659.00 2,400.00 980.00 2,400.00	8,700.00
Contents of storage unit (misc household goods)	(Husb)735 I.L.C.S 5§12-1001(b) (Wife)735 I.L.C.S 5§12-1001(b)	500.00 500.00	1,000.00
Misc clothing adult female	(Wife)735 I.L.C.S 5§12-1001(a)	400.00	400.00
Wedding bands and ring	(Husb)735 I.L.C.S 5§12-1001(b) (Wife)735 I.L.C.S 5§12-1001(b)	100.00 100.00	200.00
529 Plan	(Wife)735 ILCS 5/12-1001(j)	3,387.97	3,387.97
529 Plan	(Wife)735 ILCS 5/12-1001(j)	1,678.29	1,678.29

*Amount subject to adjustment on 4/01/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re Biagio Joseph Savarino & Adriana Savarino

Case No. _____

Debtor

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

(Continuation Page)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
UTMA account in the name of minor daughter (value \$14,480.00)	(Wife)735 I.L.C.S 5§12-1001(b)	0.00	0.00
Basic Joint Securities Acct #6188	(Husb)735 I.L.C.S 5§12-1001(b) (Wife)735 I.L.C.S 5§12-1001(b)	341.00 326.00	667.00
Basic Securities Acct #0188	(Wife)735 I.L.C.S 5§12-1001(b)	1,194.00	1,194.00
UTMA account in the name of minor daughter (value \$26,711.00))	(Wife)735 I.L.C.S 5§12-1001(b)	0.00	0.00
529 Plan	(Wife)735 ILCS 5/12-1001(j)	6,638.00	6,638.00
529 Plan	(Wife)735 ILCS 5/12-1001(j)	6,619.00	6,619.00
Misc household goods and furnishings (living with parents)	(Husb)735 I.L.C.S 5§12-1001(b) (Wife)735 I.L.C.S 5§12-1001(b)	500.00 500.00	1,000.00
	Total exemptions claimed:	62,091.35	

B6D (Official Form 6D) (12/07)

In re Biagio Joseph Savarino & Adriana Savarino,
Debtor

Case No. _____
(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
<div style="display: flex; justify-content: space-between;"> 0 continuation sheets attached <div> Subtotal > (Total of this page) Total > (Use only on last page) </div> </div>						\$ 0.00	\$ 0.00
						\$ 0.00	\$ 0.00

(Report also on Summary of Schedules) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

B6E (Official Form 6E) (04/13)

In re Biagio Joseph Savarino & Adriana Savarino,
Debtor

Case No. _____
(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed.R.Bankr.P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

**Amount subject to adjustment on 4/01/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.*

B6E (Official Form 6E) (04/13) - Cont.

In re Biagio Joseph Savarino & Adriana Savarino,
Debtor

Case No. _____
(if known)

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (04/13) - Cont.

In re Biagio Joseph Savarino & Adriana Savarino,
Debtor

Case No. _____
(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS (Continuation Sheet) Sec. 507(a)(8)

Type of Priority for Claims Listed on This Sheet

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. xxxxx0737 Department of the Treasury Internal Revenue Service PO Box 7346 Philadelphia PA 19101	J	Incurred: 2006 Consideration: 1040 income tax for 2006				28,518.13	28,518.13	0.00
ACCOUNT NO. xxxxx0737 Department of the Treasury Internal Revenue Service PO Box 7346 Philadelphia PA 19101	J	Incurred: 2007 Consideration: 1040 income taxes for 2007				1,547.67	1,547.67	0.00
ACCOUNT NO. xxxxx0737 Department of the Treasury Internal Revenue Service PO Box 7346 Philadelphia PA 19101	J	Incurred: 2014 Consideration: 1040 income tax for 2012				2,362.00	2,362.00	0.00
ACCOUNT NO. xxxxx0737 Illinois Department of Revenue Bankruptcy Section P O Box 64338 Chicago IL 60664	J	Incurred: 2007 Consideration: 1040 income taxes for 2007				3,036.76	3,036.76	0.00

Sheet no. 1 of 2 continuation sheets attached to Schedule of
Creditors Holding Priority Claims

Subtotal >
(Totals of this page)

Total >
(Use only on last page of the completed
Schedule E.) Report also on the Summary
of Schedules)

Totals >
(Use only on last page of the completed
Schedule E. If applicable, report also on
the Statistical Summary of Certain
Liabilities and Related Data.)

\$ 35,464.56	\$ 35,464.56	\$ 0.00
\$		
\$		

B6E (Official Form 6E) (04/13) - Cont.

In re Biagio Joseph Savarino & Adriana Savarino,
Debtor

Case No. _____
(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS (Continuation Sheet) Sec. 507(a)(8)

Type of Priority for Claims Listed on This Sheet

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. xxxxx0737 Illinois Department of Revenue Bankruptcy Section P O Box 64338 Chicago IL 60664	J	Incurred: 2014 Consideration: 1040 income tax for 2012				2,576.00	2,576.00	0.00
ACCOUNT NO. xxxxx0737 Illinois Department of Revenue Bankruptcy Section P O Box 64338 Chicago IL 60664	J	Incurred: 2014 Consideration: 1040 income tax for 2013				1,405.00	1,405.00	0.00
ACCOUNT NO. xxxxx0737 Indiana Dept of Revenue Bankruptcy Section MS 108 100 N Senate Ave N240 Indianapolis, IN 46204	J	Incurred: 2014 Consideration: 1040 income tax for 2012				104.00	104.00	0.00
ACCOUNT NO. 14-cr-20018-01 United States of America Elly Peirson, Asst US Atty 201 S Vine St Ste 226 Urbana, IL 61802	H	Incurred: 2014 Consideration: Restitution non-dischargeable				354,765.82	354,765.82	0.00

Sheet no. 2 of 2 continuation sheets attached to Schedule of
Creditors Holding Priority Claims

Subtotal > \$ 358,850.82 \$ 358,850.82 \$ 0.00
(Totals of this page)

Total > \$ 394,315.38
(Use only on last page of the completed
Schedule E.) Report also on the Summary
of Schedules)

Totals > \$ 394,315.38 \$ 0.00
(Use only on last page of the completed
Schedule E. If applicable, report also on
the Statistical Summary of Certain
Liabilities and Related Data.)

B6F (Official Form 6F) (12/07)

In re Biagio Joseph Savarino & Adriana Savarino

Case No. _____

Debtor

(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. unknown ABC Supply Co 1 ABC Pkwy. Beloit, WI 53511		H	Incurred: 2010 Consideration: Trade debt				35.00
ACCOUNT NO. 52120437 Accord Creditor PO Box 10002 Newnan, GA 30271		H	Incurred: 2012 Consideration: Assignee for various creditors Collecting For At&t				Notice Only
ACCOUNT NO. RG1375219 Acl Labs 8901 West Lincoln Ave West Allis, WI 532270901		W	Incurred: 2013 Consideration: Medical services				101.80
ACCOUNT NO. Tilted Kilt Ajax Linen 1005 Geneva St Shorewood, IL 60404		H	Incurred: 2011 Consideration: Business vendor debt				4,461.22
Subtotal >							\$ 4,598.02
Total >							\$

27 continuation sheets attached

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Biagio Joseph Savarino & Adriana Savarino,
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 68135 Alpha Med 12150 South Harlem Ave Palos Heights, IL 60463	H	Incurred: 8/2014 Consideration: Medical services				283.18
ACCOUNT NO. 27495787 Ars National PO Box 463023 Escondido, CA 92046	H	Incurred: 2013 Consideration: Assignee for various creditors Collecting For Chase Bank				Notice Only
ACCOUNT NO. 132057554 Asset Acceptance PO 2036 Warren, MI 48090	W	Incurred: 2013 Consideration: Assignee for various creditors Collecting For Bank Of America				Notice Only
ACCOUNT NO. 8153347244150 AT&T c/o Bankruptcy 1801 Valley View Ln Farmers Branch, TX 75234	H	Incurred: 2011 Consideration: Business phone				69.81
ACCOUNT NO. 8068154940128 AT&T c/o Bankruptcy 1801 Valley View Ln Farmers Branch, TX 75234	H	Incurred: 2012 Consideration: Business phone				650.15

Sheet no. 1 of 27 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 1,003.14

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Biagio Joseph Savarino & Adriana Savarino,
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 159843xxxx AWA Collections PO Box 6605 Orange, CA 92863	W	Incurred: 2012 Consideration: Assignee for various creditors Collecting for Cord Blood Registry				Notice Only
ACCOUNT NO. 4888931153931295 Bank of America PO Box 15019 Wilmington, DE 19886	W	Incurred: 2010 Consideration: Credit card debt				13,632.11
ACCOUNT NO. 005304109183 Bank of America PO Box 15019 Wilmington, DE 19886	W	Incurred: 2011 Consideration: Credit card debt				508.28
ACCOUNT NO. unknown Bank of America Corporate Center 100 North Tryon Street Charlotte, North Carolina 28255	J	Incurred: 12/2011 Consideration: Deficiency judgment house				138,230.65
ACCOUNT NO. 7001062179280007 Best Buy Co PO Box 9 Buffalo, NY 14240	W	Incurred: 2009 Consideration: Credit card debt				3,974.53

Sheet no. 2 of 27 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 156,345.57

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Biagio Joseph Savarino & Adriana Savarino,
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 0009476132 Brown & Joseph Ltd PO Box 59838 Schaumburg, IL 60159	H	Incurred: 3/2014 Consideration: Assignee for various creditors Collecting For Nu Way Disposal				Notice Only
ACCOUNT NO. unknown Brown & Joseph Ltd PO Box 59838 Schaumburg, IL 60159	H	Incurred: 2013 Consideration: Assignee for various creditors Collecting For Drop Zone Portable				Notice Only
ACCOUNT NO. 1371233 Capital Accounts PO Box 140065 Nashville, TN 37214	H	Incurred: 4/2014 Consideration: Assignee for various creditors				Notice Only
ACCOUNT NO. 479124235276xxxx Capital One PO Box 6492 Carol Stream, IL 60197	H	Incurred: 2012 Consideration: Credit card debt				2,969.00
ACCOUNT NO. 0131096074 Cbe Group 1309 Technology Pkwy Cedar Falls, IA 50613	H	Incurred: 6/2014 Consideration: Assignee for various creditors Collecting For Com Ed				Notice Only

Sheet no. 3 of 27 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 2,969.00

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Biagio Joseph Savarino & Adriana Savarino,
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	
ACCOUNT NO. 0263101122 CCI PO Box 212489 Augusta, GA 30917	W	Incurred: 2/2014 Consideration: Assignee for various creditors Collecting For Com Ed				Notice Only	
ACCOUNT NO. 4266880182518775 Chase Bank P.O. Box 15298 Wilmington, DE 19850	H	Incurred: 2011 Consideration: Credit card debt				3,183.54	
ACCOUNT NO. xxxxxxxxxxxx3014 Chase Bank P.O. Box 15298 Wilmington, DE 19850	H	Incurred: 2013 Consideration: Business credit card				3,635.99	
ACCOUNT NO. xxxxxxxxxxxx4172 Chase Bank P.O. Box 15298 Wilmington, DE 19850	H	Incurred: 2013 Consideration: Credit card debt				20,931.93	
ACCOUNT NO. 4266841010885679 Chase Bank P.O. Box 15298 Wilmington, DE 19850	W	Incurred: 2009 Consideration: Credit card debt				9,289.99	
<div>Sheet no. <u>4</u> of <u>27</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims</div>						Subtotal >	\$ 37,041.45
						Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Biagio Joseph Savarino & Adriana Savarino,
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. none Chicago Title Insurance 10 S LaSalle St Suite 3100 Chicago, IL, 60603	H	Incurred: 2013 Consideration: Agreed Order Judgment				11,000.00
ACCOUNT NO. 10130419 Children's Memorial Hospital PO Box 4051 Carol Stream, IL 60197	W	Incurred: 8/2011 Consideration: Medical services				707.31
ACCOUNT NO. 48G957418 Children's Memorial Hospital PO Box 4051 Carol Stream, IL 60197	W	Incurred: 8/2011 Consideration: Medical services				50.20
ACCOUNT NO. 27G957418 Children's Memorial Hospital PO Box 4051 Carol Stream, IL 60197	W	Incurred: 8/2011 Consideration: Medical services				383.00
ACCOUNT NO. 6035251107558921 Citibank PO Box 6500 Sioux Falls, SD 57117	H	Incurred: 2013 Consideration: Credit card debt				741.59
Subtotal >						\$ 12,882.10
Total >						\$

Sheet no. 5 of 27 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Biagio Joseph Savarino & Adriana Savarino,
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 13-1679 CKB Law Firm 30 N LaSalle St Ste 1520 Chicago, IL 60602	H	Incurred: 1/2014 Consideration: Assignee for various creditors Collecting for Nu Way				Notice Only
ACCOUNT NO. 09 CH 52412 Codilis & Associates 15W030 N Frontage Rd Ste 100 Burr Ridge, IL 60527	J	Incurred: 2009 Consideration: Assignee for various creditors Collecting for Bank of America				Notice Only
ACCOUNT NO. 0131096074 Com Ed PO Box 6111 Carol Stream, IL 60197	H	Incurred: 2012 Consideration: Business Utility				885.76
ACCOUNT NO. 0263101122 Com Ed Po Box 6111 Carol Stream, IL 60197	W	Incurred: 2013 Consideration: Utility				559.17
ACCOUNT NO. 0131096065 Com Ed Po Box 6111 Carol Stream, IL 60197	H	Incurred: 2011 Consideration: Business Utility				404.60
Sheet no. <u>6</u> of <u>27</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$ 1,849.53
						Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Biagio Joseph Savarino & Adriana Savarino,
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 8771201580058380 Comcast PO Box 3002 Southeastern, PA 19398	W	Incurred: 2012 Consideration: Utility				448.85
ACCOUNT NO. 0131096074 ComEd 3 Lincoln Center Attn: Bkey Group-Claims Department Oakbrook Terrace, IL 60181	H	Incurred: 2013 Consideration: Utility				277.50
ACCOUNT NO. 1DWK6QJ Cord Blood Registry 1200 Bayhill Drive, 3rd Floor San Bruno, California 94066	W	Incurred: 2012 Consideration: Medical services				1,000.00
ACCOUNT NO. unknown Drop Zone Portable 312 Alessio Drive Joliet, IL 60433	H	Incurred: 2012 Consideration: Trade vendor debt				5,840.00
ACCOUNT NO. unknown First Merit Bank 14701 S.La Grange Rd Orland Park, IL 60462	J	Incurred: 2008 Consideration: Guarantors of business debt Business commercial property has been sold by creditor so it is not known what is owed				Unknown
Sheet no. <u>7</u> of <u>27</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$ 7,566.35
						Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Biagio Joseph Savarino & Adriana Savarino,
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 11 SC 10873 Freedman Anselmo Lindberg PO Box 3228 Naperville, IL 60566	H	Incurred: 2011 Consideration: Assignee for various creditors Collecting for Capital One				Notice Only
ACCOUNT NO. none Hamstra Roofing 22823 South Mustang Rd Frankfort, IL 60423	H	Incurred: 2007 Consideration: Business vendor debt				3,156.00
ACCOUNT NO. multiple Harris & Harris 111 W Jackson Blvd Ste 400 Chicago, IL 60604	J	Incurred: 2012 Consideration: Assignee for various creditors Collecting for Palos Community Hospital				Notice Only
ACCOUNT NO. none Harris & Harris 222 Merchandise Mart Suite 1900 Chicago, IL 60654	H	Incurred: 2012 Consideration: Assignee for various creditors Collecting For Nicor Gas				Notice Only
ACCOUNT NO. 4093 Harris Bank 8150 W 143rd St, Orland Park, IL 60462	W	Incurred: 12/2014 Consideration: Overdrawn savings account				66.00

Sheet no. 8 of 27 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 3,222.00

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Biagio Joseph Savarino & Adriana Savarino,
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 14411396 Ics PO Box 1010 Tinley Park, IL 60477	H	Incurred: 2013 Consideration: Assignee for various creditors Collecting For Orland Fire Protection				Notice Only
ACCOUNT NO. 15985426 Ics PO Box 1010 Tinley Park, IL 60477	W	Incurred: 7/2014 Consideration: Assignee for various creditors Collecting For Lcmg				Notice Only
ACCOUNT NO. unknown James McCormick DDS 13161 West 143rd Street, Suite 101 Homer Glen, IL 60491	H	Incurred: 2013 Consideration: Medical services				2,580.20
ACCOUNT NO. none Jeffrey Lewis Attorney at Law 2045 Aberdeen Ct Ste A Sycamore, IL 60178	H	Incurred: 2011 Consideration: Assignee for various creditors Collecting for Metro Janitorial				Notice Only
ACCOUNT NO. none Keough and Moody 1250 East Diehl Suite 405 Naperville, IL 60563	J	Incurred: 2009 Consideration: Assignee for various creditors Collecting for The Preserve at Marley Creek HOA				Notice Only

Sheet no. 9 of 27 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 2,580.20

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Biagio Joseph Savarino & Adriana Savarino,
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 11 SC 10873 Louis Freedman & Assoc PO Box 3228 Naperville, IL 60566	H	Incurred: 2011 Consideration: Assignee for various creditors Collecting For Capital One				Notice Only
ACCOUNT NO. unknown Loyola Medical Center Po Box 99400 Louisville, KY 40269	W	Incurred: 2013 Consideration: Medical services				600.00
ACCOUNT NO. 181785 Loyola Univers Medical Center PO Box 3021 Milwaukee, WI 53201	W	Incurred: 5/2014 Consideration: Medical services				56.72
ACCOUNT NO. 1995051 Loyola Univers Medical Center PO Box 3021 Milwaukee, WI 53201	W	Incurred: 6/2014 Consideration: Legal services				86.46
ACCOUNT NO. 1655902 Loyola Univers Medical Center PO Box 3021 Milwaukee, WI 53201	W	Incurred: 10/2013 Consideration: Medical services				22.80
Sheet no. <u>10</u> of <u>27</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$ 765.98 Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Biagio Joseph Savarino & Adriana Savarino,
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 165590200092 Loyola Univers Medical Center PO Box 3021 Milwaukee, WI 53201	W	Incurred: 10/2013 Consideration: Medical services				41.79
ACCOUNT NO. 180608 Loyola Univers Medical Center PO Box 3021 Milwaukee, WI 53201	W	Incurred: 2/2011 Consideration: Medical services				30.00
ACCOUNT NO. 1568188 Loyola Univers Medical Center PO Box 3021 Milwaukee, WI 53201	W	Incurred: 11/26/14 Consideration: Medical services				10.00
ACCOUNT NO. 014256558 Ltd Services 7322 Southwest Freeway Suite 1600 Houston, Tx 77074	W	Incurred: 2011 Consideration: Assignee for various creditors Collecting For Bank Of America				Notice Only
ACCOUNT NO. 10130419 Lurie Childrens PO Box 4066 Carol Stream, IL 60197	W	Incurred: 2/2014 Consideration: Medical services				1,047.00
Subtotal >						\$ 1,128.79
Total >						\$

Sheet no. 11 of 27 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Biagio Joseph Savarino & Adriana Savarino,
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 10130419 Lurie Childrens Medical Group PO Box 4051 Carol Stream, IL 60197	W	Incurred: 2/2014 Consideration: Medical services				157.45
ACCOUNT NO. 13 L 1022 Lynn Hickey Attorney at Law 16860 S oak Park Ave Ste 101 Tinley Park, IL 60477	H	Incurred: 2013 Consideration: Assignee for various creditors Collecting for Mary Dibenedetto				Notice Only
ACCOUNT NO. 016 Malcolm S. Gerald 332 South Michigan Ave Ste 600 Chicago, IL 60604	W	Incurred: 2013 Consideration: Medical services Collecting For Radiology And Nuclear Consultant				95.00
ACCOUNT NO. none Mary Dibenedetto 15637 Innsbreak Dr Orland Park, IL 60462	X H	Incurred: 5/2010 Consideration: Personal loan				59,140.27
ACCOUNT NO. 7250919 Mayo Clinic 200 First Street Sw Rochester, MN 55905	H	Incurred: 2011 Consideration: Medical services				4,218.48

Sheet no. 12 of 27 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 63,611.20

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Biagio Joseph Savarino & Adriana Savarino,
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 8559872860 MCM PO Box 60578 Los Angeles, CA 90060	W	Incurred: 2013 Consideration: Assignee for various creditors Collecting for FIA				Notice Only
ACCOUNT NO. 6671737 Medicredit PO Box 1629 Maryland Heights, MO 63043	W	Incurred: 8/2014 Consideration: Assignee for various creditors Collecting for Loyola				Notice Only
ACCOUNT NO. none Meno Stone 10800 Route 83 Lemont, IL 60439	H	Incurred: 2010 Consideration: Business vendor debt				3,690.55
ACCOUNT NO. none Metropolitan Janitorial PO Box 571 Dekalb, IL 60115	H	Incurred: 2009 Consideration: Business debt				6,650.00
ACCOUNT NO. 1474427416 Miramed Dept 77304 PO Box 77000 Detroit, MI 48277	H	Incurred: 3/2014 Consideration: Assignee for various creditors Collecting For Silver Cross				Notice Only

Sheet no. 13 of 27 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 10,340.55

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Biagio Joseph Savarino & Adriana Savarino,
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 2195760 Mrs Associates 1930 Olney Ave Cherry Hill, NJ 08003	W	Incurred: 2012 Consideration: Assignee for various creditors Collecting For Chase Bank				Notice Only
ACCOUNT NO. 229375 Murphy Lomon & Assoc 2860 River Rd Ste 200 Des Plaines, IL 60018	H	Incurred: 2012 Consideration: Assignee for various creditors Collecting for NuWay				Notice Only
ACCOUNT NO. 13043194433 Nationwide Credit 1150 East University Tempe, AZ 85281	H	Incurred: 2013 Consideration: Assignee for various creditors Collecting For Chase Bank				Notice Only
ACCOUNT NO. 8250586 Nationwide Recovery 2304 Tarpley Drive #134 Carrollton, TX 75006	H	Incurred: 2011 Consideration: Assignee for various creditors Collecting For At&t				Notice Only
ACCOUNT NO. 59118844 NCO Financial 3005 Grape Rd Ste A Mishawaka, IN 46545	W	Incurred: 2012 Consideration: Assignee for various creditors Collecting for Children's Memorial				Notice Only

Sheet no. 14 of 27 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 0.00

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Biagio Joseph Savarino & Adriana Savarino,
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 8969023268 Nicor Gas PO Box 0632 Aurora, IL 60507	W	Incurred: 2012 Consideration: Utility				1,077.36
ACCOUNT NO. 98906081066 Nicor Gas PO Box 190 Aurora, IL 60507	H	Incurred: 2006 Consideration: Business Utility				7,334.06
ACCOUNT NO. unown Nicor Gas PO Box 2020 Aurora, IL 60507	H	Incurred: 2012 Consideration: Business Utilities				1,992.18
ACCOUNT NO. 1454452342 Nicor Gas PO Box 2020 Aurora, IL 60507	H	Incurred: 2008 Consideration: Business Utility				1,048.55
ACCOUNT NO. 18917037 Nicor Gas PO Box 2020 Aurora, IL 60507	H	Incurred: 2012 Consideration: Business Utility				1,180.88
Subtotal >						\$ 12,633.03
Total >						\$

Sheet no. 15 of 27 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Biagio Joseph Savarino & Adriana Savarino,
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 70139510948 Nicor Gas Po Box 5407 Carol Stream, IL 60197	H	Incurred: 2013 Consideration: Business Utility				1,411.56
ACCOUNT NO. unknown Nu Way Disposal PO Box 59838 Schaumburg, IL 60159	H	Incurred: 2012 Consideration: Business debt				3,268.50
ACCOUNT NO. unknown Old Second National Bank Attention: Loan Servicing 1st Floor NOE 37 S River St. Aurora, IL 60506	H	Incurred: 2010 Consideration: Business Loan				Unknown
ACCOUNT NO. 12101113 Orland Fire Protection 9790 W 151st St Orland Pk, IL 60462	H	Incurred: 2012 Consideration: Medical services				876.00
ACCOUNT NO. H122605264 Palos Community Hospital PO Box 4049 Carol Stream, IL 60197	W	Incurred: 10/2013 Consideration: Medical services				150.00

Sheet no. 16 of 27 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 5,706.06

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Biagio Joseph Savarino & Adriana Savarino,
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. X603678871 Palos Community Hospital PO Box 4049 Carol Stream, IL 60197	W	Incurred: 10/2013 Consideration: Medical services				50.00
ACCOUNT NO. X602651580 Palos Community Hospital PO Box 4049 Carol Stream, IL 60197	H	Incurred: 4/2012 Consideration: Medical services				212.72
ACCOUNT NO. X602615916 Palos Community Hospital PO Box 4049 Carol Stream, IL 60197	H	Incurred: 4/2012 Consideration: Medical services				522.71
ACCOUNT NO. X602765141 Palos Community Hospital PO Box 4049 Carol Stream, IL 60197	H	Incurred: 6/2012 Consideration: Medical services				78.61
ACCOUNT NO. X602088098 Palos Community Hospital PO Box 4049 Carol Stream, IL 60197	W	Incurred: 8/2011 Consideration: Medical services				35.49
Subtotal >						\$ 899.53
Total >						\$

Sheet no. 17 of 27 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Biagio Joseph Savarino & Adriana Savarino,
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. X60226880 Palos Community Hospital PO Box 4049 Carol Stream, IL 60197	W	Incurred: 10/2011 Consideration: Medical services				11.89
ACCOUNT NO. H121858047 Palos Community Hospital PO Box 4049 Carol Stream, IL 60197	W	Incurred: 2013 Consideration: Medical services				371.35
ACCOUNT NO. 19323586 Palos Community Hospital PO Box 4049 Carol Stream, IL 60197	W	Incurred: 2012 Consideration: Medical services				288.37
ACCOUNT NO. 19210373 Palos Community Hospital PO Box 4049 Carol Stream, IL 60197	W	Incurred: 2012 Consideration: Medical services				374.62
ACCOUNT NO. 18612699 Palos Community Hospital PO Box 4049 Carol Stream, IL 60197	W	Incurred: 2012 Consideration: Medical services				49.07
Subtotal >						\$ 1,095.30
Total >						\$

Sheet no. 18 of 27 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Biagio Joseph Savarino & Adriana Savarino,
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 19782446 Palos Community Hospital PO Box 4049 Carol Stream, IL 60197	W	Incurred: 2012 Consideration: Medical services				63.94
ACCOUNT NO. 20425578 Palos Community Hospital PO Box 4049 Carol Stream, IL 60197	W	Incurred: 2013 Consideration: Medical services				43.77
ACCOUNT NO. H123299745 Palos Community Hospital PO Box 4049 Carol Stream, IL 60197	H	Incurred: 4/2014 Consideration: Medical services				1,648.60
ACCOUNT NO. X604331140 Palos Community Hospital PO Box 4049 Carol Stream, IL 60197	W	Incurred: 11/2014 Consideration: Medical services				479.88
ACCOUNT NO. H124039504 Palos Community Hospital PO Box 4049 Carol Stream, IL 60197	H	Incurred: 10/2014 Consideration: Medical services				150.00

Sheet no. 19 of 27 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 2,386.19

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Biagio Joseph Savarino & Adriana Savarino,
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 49542311 Pediatric Anesthesia Po Box 3526 Carol Stream, IL 60132	H	Incurred: 2/2014 Consideration: Medical services				315.96
ACCOUNT NO. 10130419 Pediatric Faculty Foundation PO Box 4051 Carol Stream, IL 60197	W	Incurred: 8/2011 Consideration: Medical services				145.58
ACCOUNT NO. 10130419 Pediatric Faculty Foundation PO Box 4051 Carol Stream, IL 60197	W	Incurred: 6/2011 Consideration: Medical services				655.98
ACCOUNT NO. unknown Pekin Insurance 2505 Court St Pekin, IL 61558	H	Incurred: 2011 Consideration: Business insurance				534.00
ACCOUNT NO. 18439675 Phelps Uniforms 3206 Hershey Ave Muscatine, IA 52761	H	Incurred: 2013 Consideration: Business debt				2,562.81

Sheet no. 20 of 27 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 4,214.33

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Biagio Joseph Savarino & Adriana Savarino,
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 9517892313 Plaza Associates PO Box 2769 New York, NY 10116	H	Incurred: 2013 Consideration: Assignee for various creditors Collecting For Chase Bank				Notice Only
ACCOUNT NO. 92403021-12 Plaza Associates PO Box 2769 New York, NY 10116	H	Incurred: 2012 Consideration: Assignee for various creditors Collecting For T-mobile				Notice Only
ACCOUNT NO. 6035251107558921 Portfolio Recovery Dept 922 PO Box 4115 Concord, Ca 94524	H	Incurred: 8/2014 Consideration: Assignee for various creditors Collecting For Citibank				Notice Only
ACCOUNT NO. none Preserve At Marley Creek HOA 17720 S. Oak Park Ave Tinley Park, IL 60477	J	Incurred: 2012 Consideration: HOA dues				3,263.00
ACCOUNT NO. 85167 Progressive Surgical Associates 1890 Silver Cross Blvd Suite 410 New Lenox, IL 60451	H	Incurred: 2012 Consideration: Medical services				30.00
Sheet no. <u>21</u> of <u>27</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$ 3,293.00
						Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Biagio Joseph Savarino & Adriana Savarino,
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 6539-001 Rathbun Cservenyak & Kozol LLC 3260 Executive Dr. Joliet, IL 60431	H	Incurred: 2010 Consideration: Attorney fees				8,757.16
ACCOUNT NO. 8546064715 Receivables Perf Managment PO Box 1548 Lynnwood, WA 98046	H	Incurred: 2012 Consideration: Business debt				1,000.51
ACCOUNT NO. 29619 Renuka Bhatt MD 2202 Essington Rd Suite 101 Joliet, IL 60435	W	Incurred: 2011 Consideration: Medical services				917.00
ACCOUNT NO. 641479 Ronald J. Hennings PC PO Box 4106 St Charles, IL 60174	H	Incurred: 2013 Consideration: Assignee for various creditors Collecting for Phelps				Notice Only
ACCOUNT NO. LOMBL44137337G Scr Laboratory Physicians Po Box 5959 Carol Stream, IL 60197	H	Incurred: 2012 Consideration: Medical services				76.00

Sheet no. 22 of 27 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 10,750.67

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Biagio Joseph Savarino & Adriana Savarino,
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. LOMBL441M00369641 Scr Laboratory Physicians Po Box 5959 Carol Stream, IL 60197	W	Incurred: 11/2014 Consideration: Medical services				22.50
ACCOUNT NO. LOMBL44179426G Scr Laboratory Physicians Po Box 5959 Carol Stream, IL 60197	H	Incurred: 11/25/14 Consideration: Medical services				13.50
ACCOUNT NO. F040166218 Silver Cross Attn Patient Accts 1900 Silver Cross Blvd. New Lenox, IL 60451	H	Incurred: 3/2014 Consideration: Medical services				107.46
ACCOUNT NO. F030594196 Silver Cross Attn Patient Accts 1900 Silver Cross Blvd. New Lenox, IL 60451	H	Incurred: 7/2011 Consideration: Medical services				2,690.00
ACCOUNT NO. F032134660 Silver Cross Attn Patient Accts 1900 Silver Cross Blvd. New Lenox, IL 60451	H	Incurred: 2012 Consideration: Medical services				150.00
Subtotal >						\$ 2,983.46
Total >						\$

Sheet no. 23 of 27 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Biagio Joseph Savarino & Adriana Savarino,
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. unknown Somercor 601 South LaSalle, Suite 510 Chicago, IL 60605	H	Incurred: 2010 Consideration: SBA LOAN				300,000.00
ACCOUNT NO. 2777.001 Sosin & Arnold 9501 West 144th Place Ste 205 Orland Park, IL 60462	H	Incurred: 2014 Consideration: Attorney fees				10,940.68
ACCOUNT NO. AE 77570 Southwest Cardio 2801 Black Rd Ste A Joliet, IL 60435	H	Incurred: 3/2014 Consideration: Medical services				25.00
ACCOUNT NO. 12709282 Stellar Recovery PO Box 1119 Charlotte, NC 28201	W	Incurred: 6/2014 Consideration: Assignee for various creditors Collecting For Best Buy Co				Notice Only
ACCOUNT NO. 10 CH 1269 Swanson Martin & Bell LLP 330 N Wabash Ste 3300 Chicago, IL 60611	X H	Incurred: 2010 Consideration: Assignee for various creditors Collecting for Old Second				Notice Only

Sheet no. 24 of 27 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 310,965.68

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Biagio Joseph Savarino & Adriana Savarino,
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. xxxxxx8141 T-Mobile Bankruptcy Team PO Box 53410 Bellevue, WA 98015	H	Incurred: 2012 Consideration: Cell phone				1,000.51
ACCOUNT NO. unknown The Bureaus 650 Dundee Rd North Brook, IL 60062	H	Incurred: 2012 Consideration: Assignee for various creditors Collecting For James McCormick				2,580.00
ACCOUNT NO. none Therese O'Brien, Esq. 15020 S. Ravinia Ave. Ste. 20 Orland Park, IL 60462	X H	Incurred: 2012 Consideration: Assignee for various creditors Collecting for Mary DiBenedetto				Notice Only
ACCOUNT NO. 3856159 Torres Credit Services 27 Fairview St Po Box 189 Carlisle, PA 17015	H	Incurred: 2011 Consideration: Assignee for various creditors Collecting For Com Ed				Notice Only
ACCOUNT NO. LY2665 TransWorld Systems 507 Prudential Rd Horsham, Pa 19044	H	Incurred: 2011 Consideration: Assignee for various creditors Collecting For Pekin Insurance				Notice Only
Subtotal >						\$ 3,580.51
Total >						\$

Sheet no. 25 of 27 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Biagio Joseph Savarino & Adriana Savarino,
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. unknown Uniform Specialist Po Box 4106 St.charles, IL 60174	H	Incurred: 2012 Consideration: Trade vendor debt				2,562.00
ACCOUNT NO. 80215361 United Collection Bureau PO Box 1418 Maumee, Oh 43537	H	Incurred: 2011 Consideration: Assignee for various creditors Collecting For Chase Bank				Notice Only
ACCOUNT NO. 88547 Valer Enterprises 1170 Lincoln Ave Po Box 119 Holbrook, NY 11741	W	Incurred: 2012 Consideration: Assignee for various creditors Collecting For Blood Cord Registry				Notice Only
ACCOUNT NO. unknown Varga Berger Ledsky Hayes And Casey 125 Wacker Drive Suite 2150 Chicago, IL 60606	H	Incurred: 2013 Consideration: Attorney Fees				4,640.00
ACCOUNT NO. 532091 Vision Financial PO Box 1768 Laporte, IN 46352	H	Incurred: 2012 Consideration: Assignee for various creditors Collecting for Silver Cross				Notice Only

Sheet no. 26 of 27 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 7,202.00

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Biagio Joseph Savarino & Adriana Savarino,
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 16964 Wexford & James 2910 Westown Pkwy West Des Moines, IA 50266	H	Incurred: 2010 Consideration: Assignee for various creditors Collecting for ABC Supply				Notice Only
ACCOUNT NO. none William Savarino 21258 Sagebrush Lane Mokena, IL 60448	H	Incurred: 2006-2012 Consideration: Personal loan				900,000.00
ACCOUNT NO. 12M1-129888 Yousef K. Sarandah Fidelity National Lawgroup 10 S LaSalle St Ste 2750 Chicago, IL 60603	H	Incurred: 2012 Consideration: Assignee for various creditors Collecting for Chicago Title Insurance				Notice Only
ACCOUNT NO. 						
ACCOUNT NO. 						

Sheet no. 27 of 27 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal >> \$ 900,000.00

Total >> \$ 1,571,613.64

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

In re Biagio Joseph Savarino & Adriana Savarino

Case No. _____

Debtor

(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

In re Biagio Joseph Savarino & Adriana Savarino

Debtor

Case No. _____

(if known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Edward Daley Kenneth Daley 21257 Sagebrush Lane Mokena, IL 60448	Old Second Bank c/o Swanson Martin & Bell LLP 330 N Wabash Ste 3300 Chicago, IL 60611
Edward Daley Kenneth Daley 21257 Sagebrush Lane Mokena, IL 60448	Mary Dibenedetto 15637 Innsbreak Dr Orland Park, IL 60462

Fill in this information to identify your case:

Debtor 1 Biagio Joseph Savarino
First Name Middle Name Last Name

Debtor 2 Adriana Savarino
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of IL

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY _____

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

☒ Employed
☐ Not employed

☐ Employed
☒ Not employed

Occupation

Manager

Unemployed

Employer's name

Capri Pizza

Employer's address

1721 Calumet Ave

Number Street

Number Street

Whiting, IN

City State ZIP Code

City State ZIP Code

How long employed there? 3 yrs, 0 mos

0 yrs, 0 mos

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 4,333.33

\$ 0.00

3. Estimate and list monthly overtime pay.

3. + \$ 0.00

+ \$ 0.00

4. Calculate gross income. Add line 2 + line 3.

4. \$ 4,333.33

\$ 0.00

Biagio Joseph Savarino

Debtor 1

First Name Middle Name Last Name

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here → 4.	\$ 4,333.33	\$ 0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	\$ 625.86	\$ 0.00
5b. Mandatory contributions for retirement plans	\$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	\$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	\$ 0.00	\$ 0.00
5e. Insurance	\$ 21.66	\$ 0.00
5f. Domestic support obligations	\$ 0.00	\$ 0.00
5g. Union dues	\$ 0.00	\$ 0.00
5h. Other deductions. Specify: ;	+\$ 0.00	+\$ 0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	\$ 647.52	\$ 0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	\$ 3,685.81	\$ 0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	\$ 0.00	\$ 0.00
8b. Interest and dividends	\$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	\$ 0.00	\$ 0.00
8d. Unemployment compensation	\$ 0.00	\$ 0.00
8e. Social Security	\$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: ;	\$ 0.00	\$ 0.00
8g. Pension or retirement income	\$ 0.00	\$ 0.00
8h. Other monthly income. Specify: ;	+\$ 0.00	+\$ 0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	\$ 0.00	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	\$ 3,685.81	\$ 0.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: ;		11. + \$ 0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies		12. \$ 3,685.81 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: ;		

Fill in this information to identify your case:

Debtor 1 Biagio Joseph Savarino
First Name Middle Name Last Name

Debtor 2 Adriana Savarino
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of IL

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date: _____
MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☐ No. Go to line 2.
- ☒ Yes. **Does Debtor 2 live in a separate household?**
- ☒ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ No
- ☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Daughter

10

- ☐ No
- ☒ Yes

Daughter

7

- ☐ No
- ☒ Yes

Daughter

5

- ☐ No
- ☒ Yes

Son

5

- ☐ No
- ☒ Yes

- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form B 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 0.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

Debtor 1

Biagio Joseph Savarino

First Name Middle Name Last Name

Case number (if known)

		Your expenses	
5.	Additional mortgage payments for your residence , such as home equity loans	5.	\$ 0.00
6.	Utilities:		
6a.	Electricity, heat, natural gas	6a.	\$ 0.00
6b.	Water, sewer, garbage collection	6b.	\$ 0.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$ 200.00
6d.	Other. Specify: _____	6d.	\$ 0.00
7.	Food and housekeeping supplies	7.	\$ 700.00
8.	Childcare and children's education costs	8.	\$ 200.00
9.	Clothing, laundry, and dry cleaning	9.	\$ 80.00
10.	Personal care products and services	10.	\$ 20.00
11.	Medical and dental expenses	11.	\$ 300.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$ 350.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$ 0.00
14.	Charitable contributions and religious donations	14.	\$ 0.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a.	Life insurance	15a.	\$ 690.00
15b.	Health insurance	15b.	\$ 0.00
15c.	Vehicle insurance	15c.	\$ 75.00
15d.	Other insurance. Specify: _____	15d.	\$ 0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	\$ 0.00
17.	Installment or lease payments:		
17a.	Car payments for Vehicle 1	17a.	\$ 0.00
17b.	Car payments for Vehicle 2	17b.	\$ 0.00
17c.	Other. Specify: Storage unit	17c.	\$ 586.00
17d.	Other. Specify: _____	17d.	\$ 0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).	18.	\$ 0.00
19.	Other payments you make to support others who do not live with you. Specify: u~	19.	\$ 0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a.	Mortgages on other property	20a.	\$ 0.00
20b.	Real estate taxes	20b.	\$ 0.00
20c.	Property, homeowner's, or renter's insurance	20c.	\$ 0.00
20d.	Maintenance, repair, and upkeep expenses	20d.	\$ 0.00
20e.	Homeowner's association or condominium dues	20e.	\$ 0.00

Debtor 1 Biagio Joseph Savarino
First Name Middle Name Last Name

Case number (if known) _____

21. **Other.** Specify: Court Ordered Restitution

21. **+\$** 400.00

22. **Your monthly expenses.** Add lines 4 through 21.
The result is your monthly expenses.

22. **\$** 3,601.00

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. **\$** 3,685.81

23b. Copy your monthly expenses from line 22 above.

23b. **-\$** 3,601.00

23c. Subtract your monthly expenses from your monthly income.
The result is your *monthly net income*.

23c. **\$** 84.81

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here:

B6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court

Northern District of Illinois

In re Biagio Joseph Savarino & Adriana Savarino
Debtor

Case No. _____

Chapter 7

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

AMOUNTS SCHEDULED

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A – Real Property	YES	1	\$ 0.00		
B – Personal Property	YES	6	\$ 66,114.35		
C – Property Claimed as exempt	YES	2			
D – Creditors Holding Secured Claims	YES	1		\$ 0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	4		\$ 394,315.38	
F - Creditors Holding Unsecured Nonpriority Claims	YES	28		\$ 1,571,613.64	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	YES	2			\$ 3,685.81
J - Current Expenditures of Individual Debtors(s)	YES	3			\$ 3,601.00
TOTAL		49	\$ 66,114.35	\$ 1,965,929.02	

United States Bankruptcy Court

Northern District of Illinois

In re Biagio Joseph Savarino & Adriana Savarino

Debtor

Case No. _____

Chapter 7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 394,315.38
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 394,315.38

State the Following:

Average Income (from Schedule I, Line 12)	\$ 3,685.81
Average Expenses (from Schedule J, Line 22)	\$ 3,601.00
Current Monthly Income (from Form 22A-1 Line 11; OR , Form 22B Line 14; OR , Form 22C-1 Line 14)	\$ 4,818.82

State the Following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 394,315.38	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 1,571,613.64
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 1,571,613.64

B6 (Official Form 6 - Declaration) (12/07)

Biagio Joseph Savarino & Adriana Savarino

In re _____
Debtor

Case No. _____
(If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES
DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 51 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date 12/23/2014

Signature: /s/ Biagio Joseph Savarino
Debtor

Date 12/23/2014

Signature: /s/ Adriana Savarino
(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any,
of Bankruptcy Petition Preparer

Social Security No.
(Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address

X _____
Signature of Bankruptcy Petition Preparer

_____ Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the _____ [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the _____ [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date _____

Signature: _____

[Print or type name of individual signing on behalf of debtor.]

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois

In Re Biagio Joseph Savarino & Adriana Savarino

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None
☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

	AMOUNT	SOURCE
2014(db)	42,900.00	Capri Pizza General contractor income 26k
2013(db)	62,487.00	General contractor income and cancellation of debt 1099
2012(db)	84,884.00	General contractor income
2014(jdb)	0.00	
2013(jdb)	0.00	

AMOUNT	SOURCE (if more than one)
2012(jdb) 0.00	

2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
--------	--------

3. Payments to creditors

None ☐ Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
Leonard & Associates (CPA) 17103 Oak Park Avenue Tinley Park, IL 60477	12/17/14	2,800.00	0.00
New Lenox School District 122 102 S Cedar Rd New Lenox, IL 60451	12/8/14	1,381.04	0.00

None



b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after date of adjustment.*

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None



c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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4. Suits and administrative proceedings, executions, garnishments and attachments

None



a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Dibenedetto Vs. Biagio Savarino	Breach of Contract	Will County Circuit Court Joliet, IL	Wage garnishment
United States of America v. Biagio Savarino 14-cr-20018-01	False Statement on Loan Applications	United States District Court Central District of IL	Judgment and restitution

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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5. Repossessions, foreclosures and returns

None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
First Merit Bank 14701 S.La Grange Rd Orland Park, IL 60462	2010-2014	2105 Calumet Ave Hammond, Indiana
		9511 Corsair Rd Unit B Frankfort, IL
		205 Oak Tree Court Mokena, IL
		20117 Alison Trail Mokena, IL
		Foxborough Estates Lots 145, 147, 149, 154 Mokena, IL

6. Assignments and Receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

None ☐ List all gifts or charitable contributions made within one year immediately preceding the commencement of this case, except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
Brother Rice High School 10001 S. Pulaski Chicago, IL	Alumni	June 2014	\$2,000.00

8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES, AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Thomas L. Murphy Petti, Murphy, & Associates 1100 Ravinia Pl Orland Park, IL 60462	10/2014	2,300.00 for bankruptcy legal fees and filing fee

10. Other transfers

None



a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE,
RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY
TRANSFERRED AND
VALUE RECEIVED

None



b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE

DATE(S) OF
TRANSFER(S)

AMOUNT OF MONEY OR
DESCRIPTION AND
VALUE OF PROPERTY OR
DEBTOR'S INTEREST IN PROPERTY

11. Closed financial accounts

None



List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND
ADDRESS OF
INSTITUTION

TYPE OF ACCOUNT, LAST FOUR
DIGITS OF ACCOUNT NUMBER,
AND AMOUNT OF FINAL BALANCE

AMOUNT AND
DATE OF SALE
OR CLOSING

12. Safe deposit boxes

None



List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND
ADDRESS OF BANK
OR OTHER DEPOSITORY

NAMES AND ADDRESSES OF
THOSE WITH ACCESS TO BOX
OR DEPOSITORY

DESCRIPTION OF
CONTENTS

DATE OF
TRANSFER OR
SURRENDER, IF ANY

13. Setoffs

None



List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE
OF
SETOFFAMOUNT
OF
SETOFF**14. Property held for another person**

None



List all property owned by another person that the debtor holds or controls.

NAME AND
ADDRESS OF OWNERDESCRIPTION AND
VALUE OF PROPERTY

LOCATION OF PROPERTY

15. Prior address of debtor

None



If the debtor has moved within the three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS

NAME USED

DATES OF OCCUPANCY

16. Spouses and Former Spouses

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Sites

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None



a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME
AND ADDRESSNAME AND ADDRESS
OF GOVERNMENTAL UNITDATE OF
NOTICEENVIRONMENTAL
LAW

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None



SITE NAME
AND ADDRESS

NAME AND ADDRESS
OF GOVERNMENTAL UNIT

DATE OF
NOTICE

ENVIRONMENTAL
LAW

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

None



NAME AND ADDRESS
OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

18. Nature, location and name of business

None



a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Savarino Builders Ltd	37-1436931	9511 Corsair Rd Frankfort, IL 60423	Construction	2002 - 2013
NL Kilt LLC	26-3548270	6401 W. 95TH St Chicago Ridge, IL 60415	Restaurant	2008 - 2012
Savarino Construction Inc	unknown	9511 Corsair Rd Frankfort, IL 60423	Construction	2009 - 2013
Savarino Daley Development Group LLC	20-8902876	9511 Corsair Rd Frankfort, IL 60423	Construction	2007 - 2010
Savarino Properties Ltd	unknown	21258 SAGE BRUSH LN MOKENA, IL 60448	Construction	2004 - 2009

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None



NAME

ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within the six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or otherwise self-employed.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within the six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, record and financial statements

None



a. List all bookkeepers and accountants who within the two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

None



b. List all firms or individuals who within the two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

None



c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

None ☒ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the two years immediately preceding the commencement of this case by the debtor.

NAME AND ADDRESS

DATE
ISSUED

20. Inventories

None ☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY
(Specify cost, market or other basis)

None ☒ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF
INVENTORY RECORDS

21. Current Partners, Officers, Directors and Shareholders

None ☒ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None ☒ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF
STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None ☒ a. If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

NAME

ADDRESS

DATE OF WITHDRAWAL

None ☒ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
------------------	-------	---------------------

23. Withdrawals from a partnership or distribution by a corporation

None ☒ If the debtor is a partnership or a corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
---	-----------------------------------	--

24. Tax Consolidation Group

None ☒ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the six-year period immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
----------------------------	--------------------------------------

25. Pension Funds

None ☒ If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the six-year period immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)
----------------------	--------------------------------------

* * * * *

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 12/23/2014 Signature of Debtor /s/ Biagio Joseph Savarino
BIAGIO JOSEPH SAVARINO

Date 12/23/2014 Signature of Joint Debtor /s/ Adriana Savarino
ADRIANA SAVARINO

0 continuation sheets attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §152 and 3571

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and required under 11U.S.C. §§ 110(b), 110(h), and 342(b); (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110(c).)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address

X
Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. §156.

B8 (Official Form 8) (12/08)

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois

Biagio Joseph Savarino & Adriana Savarino

In re _____, Case No. _____
Debtor Chapter 7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1 NO SECURED PROPERTY	
Creditor's Name:	Describe Property Securing Debt:
<p>Property will be (check one):</p> <p><input type="checkbox"/> Surrendered <input type="checkbox"/> Retained</p> <p>If retaining the property, I intend to (check at least one):</p> <p><input type="checkbox"/> Redeem the property</p> <p><input type="checkbox"/> Reaffirm the debt</p> <p><input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. §522(f)).</p> <p>Property is (check one):</p> <p><input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt</p>	

Property No. 2 (if necessary)	
Creditor's Name:	Describe Property Securing Debt:
<p>Property will be (check one):</p> <p><input type="checkbox"/> Surrendered <input type="checkbox"/> Retained</p> <p>If retaining the property, I intend to (check at least one):</p> <p><input type="checkbox"/> Redeem the property</p> <p><input type="checkbox"/> Reaffirm the debt</p> <p><input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. §522(f)).</p> <p>Property is (check one):</p> <p><input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt</p>	

PART B - Personal property subject to unexpired leases. *(All three columns of Part B must be completed for Each unexpired lease. Attach additional pages if necessary.)*

Property No. 1 NO Leased Property		
Lessor's Name:	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. §365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

Property No. 2 <i>(if necessary)</i>		
Lessor's Name:	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. §365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

Property No. 3 <i>(if necessary)</i>		
Lessor's Name:	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. §365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

0 continuation sheets attached *(if any)*

I declare under penalty of perjury that the above indicates my intention as to any property of my Estate securing debt and/or personal property subject to an unexpired lease.

Date: 12/23/2014

/s/ Biagio Joseph Savarino

Signature of Debtor

/s/ Adriana Savarino

Signature of Joint Debtor

B 201B (Form 201B) (12/09)

United States Bankruptcy Court
Northern District of Illinois

In re Biagio Joseph Savarino & Adriana Savarino

Debtor

Case No. _____

(If known)

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE**

Certification of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code

Printed name and title, if any, of Bankruptcy Petition Preparer
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
(Required by 11 U.S.C. § 110.)

X

Signature of Bankruptcy Petition Preparer or officer,
Principal, responsible person, or partner whose Social
Security number is provided above.

Certification of the Debtor

I, (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code

Biagio Joseph Savarino & Adriana Savarino
Printed Names(s) of Debtor(s)

X /s/ Biagio Joseph Savarino 12/23/2014
Signature of Debtor Date

Case No. (if known) _____

X /s/ Adriana Savarino 12/23/2014
Signature of Joint Debtor, (if any) Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

ABC Supply Co
1 ABC Pkwy.
Beloit, WI 53511

Accord Creditor
PO Box 10002
Newnan, GA 30271

Acl Labs
8901 West Lincoln Ave
West Allis, WI 532270901

Ajax Linen
1005 Geneva St
Shorewood, IL 60404

Alpha Med
12150 South Harlem Ave
Palos Heights, IL 60463

Ars National
PO Box 463023
Escondido, CA 92046

Asset Acceptance
PO 2036
Warren, MI 48090

AT&T
c/o Bankruptcy
1801 Valley View Ln
Farmers Branch, TX 75234

AT&T
c/o Bankruptcy
1801 Valley View Ln
Farmers Branch, TX 75234

AWA Collections
PO Box 6605
Orange, CA 92863

Bank of America
PO Box 15019
Wilmington, DE 19886

Bank of America
PO Box 15019
Wilmington, DE 19886

Bank of America Corporate Center
100 North Tryon Street
Charlotte, North Carolina 28255

Best Buy Co
PO Box 9
Buffalo, NY 14240

Brown & Joseph Ltd
PO Box 59838
Schaumburg, IL 60159

Brown & Joseph Ltd
PO Box 59838
Schaumburg, IL 60159

Capital Accounts
PO Box 140065
Nashville, TN 37214

Capital One
PO Box 6492
Carol Stream, IL 60197

Cbe Group
1309 Technology Pkwy
Cedar Falls, IA 50613

CCI
PO Box 212489
Augusta, GA 30917

Chase Bank
P.O. Box 15298
Wilmington, DE 19850

Chase Bank
P.O. Box 15298
Wilmington, DE 19850

Chase Bank
P.O. Box 15298
Wilmington, DE 19850

Chase Bank
P.O. Box 15298
Wilmington, DE 19850

Chicago Title Insurance
10 S LaSalle St Suite 3100
Chicago, IL, 60603

Children's Memorial Hospital
PO Box 4051
Carol Stream, IL 60197

Children's Memorial Hospital
PO Box 4051
Carol Stream, IL 60197

Children's Memorial Hospital
PO Box 4051
Carol Stream, IL 60197

Citibank
PO Box 6500
Sioux Falls, SD 57117

CKB Law Firm
30 N LaSalle St Ste 1520
Chicago, IL 60602

Codilis & Associates
15W030 N Frontage Rd Ste 100
Burr Ridge, IL 60527

Com Ed
PO Box 6111
Carol Stream, IL 60197

Com Ed
Po Box 6111
Carol Stream, IL 60197

Com Ed
Po Box 6111
Carol Stream, IL 60197

Comcast
PO Box 3002
Southeastern, PA 19398

ComEd
3 Lincoln Center
Attn: Bkcy Group-Claims Department
Oakbrook Terrace, IL 60181

Cord Blood Registry
1200 Bayhill Drive, 3rd Floor
San Bruno, California 94066

Department of the Treasury
Internal Revenue Service
PO Box 7346
Philadelphia PA 19101

Department of the Treasury
Internal Revenue Service
PO Box 7346
Philadelphia PA 19101

Department of the Treasury
Internal Revenue Service
PO Box 7346
Philadelphia PA 19101

Drop Zone Portable
312 Alessio Drive
Joliet, IL 60433

Edward Daley
Kenneth Daley
21257 Sagebrush Lane
Mokena, IL 60448

Edward Daley
Kenneth Daley
21257 Sagebrush Lane
Mokena, IL 60448

First Merit Bank
14701 S.La Grange Rd
Orland Park, IL 60462

Freedman Anselmo Lindberg
PO Box 3228
Naperville, IL 60566

Hamstra Roofing
22823 South Mustang Rd
Frankfort, IL 60423

Harris & Harris
111 W Jackson Blvd Ste 400
Chicago, IL 60604

Harris & Harris
222 Merchandise Mart Suite 1900
Chicago, IL 60654

Harris Bank
8150 W 143rd St,
Orland Park, IL 60462

Ics
PO Box 1010
Tinley Park, IL 60477

Ics
PO Box 1010
Tinley Park, IL 60477

Illinois Department of Revenue
Bankruptcy Section
P O Box 64338
Chicago IL 60664

Illinois Department of Revenue
Bankruptcy Section
P O Box 64338
Chicago IL 60664

Illinois Department of Revenue
Bankruptcy Section
P O Box 64338
Chicago IL 60664

Indiana Dept of Revenue
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Louisville, KY 40269

Loyola Univers Medical Center
PO Box 3021
Milwaukee, WI 53201

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7322 Southwest Freeway Suite 1600
Houston, Tx 77074

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PO Box 4066
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Mayo Clinic
200 First Street Sw
Rochester, MN 55905

MCM
PO Box 60578
Los Angeles, CA 90060

Medicredit
PO Box 1629
Maryland Heights, MO 63043

Meno Stone
10800 Route 83
Lemont, IL 60439

Metropolitan Janitorial
PO Box 571
Dekalb, IL 60115

Miramed
Dept 77304
PO Box 77000
Detroit, MI 48277

Mrs Associates
1930 Olney Ave
Cherry Hill, NJ 08003

Murphy Lomon & Assoc
2860 River Rd Ste 200
Des Plaines, IL 60018

Nationwide Credit
1150 East University
Tempe, AZ 85281

Nationwide Recovery
2304 Tarpley Drive #134
Carrollton, TX 75006

NCO Financial
3005 Grape Rd Ste A
Mishawaka, IN 46545

Nicor Gas
PO Box 0632
Aurora, IL 60507

Nicor Gas
PO Box 190
Aurora, IL 60507

Nicor Gas
PO Box 2020
Aurora, IL 60507

Nicor Gas
PO Box 2020
Aurora, IL 60507

Nicor Gas
PO Box 2020
Aurora, IL 60507

Nicor Gas
Po Box 5407
Carol Stream, IL 60197

Nu Way Disposal
PO Box 59838
Schaumburg, IL 60159

Old Second National Bank
Attention: Loan Servicing 1st Floor NOE
37 S River St.
Aurora, IL 60506

Orland Fire Protection
9790 W 151st St
Orland Pk, IL 60462

Palos Community Hospital
PO Box 4049
Carol Stream, IL 60197

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PO Box 4049
Carol Stream, IL 60197

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Palos Community Hospital
PO Box 4049
Carol Stream, IL 60197

Pediatric Anesthesia
Po Box 3526
Carol Stream, IL 60132

Pediatric Faculty Foundation
PO Box 4051
Carol Stream, IL 60197

Pediatric Faculty Foundation
PO Box 4051
Carol Stream, IL 60197

Pekin Insurance
2505 Court St
Pekin, IL 61558

Phelps Uniforms
3206 Hershey Ave
Muscatine, IA 52761

Plaza Associates
PO Box 2769
New York, NY 10116

Plaza Associates
PO Box 2769
New York, NY 10116

Portfolio Recovery
Dept 922
PO Box 4115
Concord, Ca 94524

Preserve At Marley Creek HOA
17720 S. Oak Park Ave
Tinley Park, IL 60477

Progressive Surgical Associates
1890 Silver Cross Blvd Suite 410
New Lenox, IL 60451

Rathbun Cservenyak & Kozol LLC
3260 Executive Dr.
Joliet, IL 60431

Receivables Perf Managment
PO Box 1548
Lynnwood, WA 98046

Renuka Bhatt MD
2202 Essington Rd Suite 101
Joliet, IL 60435

Ronald J. Hennings PC
PO Box 4106
St Charles, IL 60174

Scr Laboratory Physicians
Po Box 5959
Carol Stream, IL 60197

Scr Laboratory Physicians
Po Box 5959
Carol Stream, IL 60197

Scr Laboratory Physicians
Po Box 5959
Carol Stream, IL 60197

Silver Cross
Attn Patient Accts
1900 Silver Cross Blvd.
New Lenox, IL 60451

Silver Cross
Attn Patient Accts
1900 Silver Cross Blvd.
New Lenox, IL 60451

Silver Cross
Attn Patient Accts
1900 Silver Cross Blvd.
New Lenox, IL 60451

Somercor
601 South LaSalle, Suite 510
Chicago, IL 60605

Sosin & Arnold
9501 West 144th Place Ste 205
Orland Park, IL 60462

Southwest Cardio
2801 Black Rd Ste A
Joliet, IL 60435

Stellar Recovery
PO Box 1119
Charlotte, NC 28201

Swanson Martin & Bell LLP
330 N Wabash Ste 3300
Chicago, IL 60611

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27 Fairview St
Po Box 189
Carlisle, PA 17015

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507 Prudential Rd
Horsham, Pa 19044

Uniform Specialist
Po Box 4106
St.charles, IL 60174

United Collection Bureau
PO Box 1418
Maumee, Oh 43537

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201 S Vine St Ste 226
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Holbrook, NY 11741

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Laporte, IN 46352

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